

THU #

|   | AMEN   | Docket No.<br>04995/114001      |                              |                                   |      |          |        |  |  |  |  |
|---|--|---------------------------------|------------------------------|-----------------------------------|------|----------|--------|--|--|--|--|
| Application No.<br>10/634,158-Conf. #6330   |  | Filing Date                     |                              | Examiner                          |      | Art Unit |        |  |  |  |  |
|   |  | August 5                        | , 2003                       | M. S. Blouin                      |      | 2653     |        |  |  |  |  |
| Ар  | Applicant(s): Kouichi Chikumoto  |                                 |                              |                                   |      |          |        |  |  |  |  |
| Invention: MAGNETIC RECORDING/REPRODUCING APPARATUS   |  |                                 |                              |                                   |      |          |        |  |  |  |  |
| TO THE COMMISSIONER FOR PATENTS   |  |                                 |                              |                                   |      |          |        |  |  |  |  |
| Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.   |  |                                 |                              |                                   |      |          |        |  |  |  |  |
| ľ   | ne ree nas been  | calculated and                  |                              | S AS AMENI                        |      |          |        |  |  |  |  |
| ŀ   | 1  | Claims                          | Highest                      | 3 A3 ANEIN                        | 720  |          |        |  |  |  |  |
|   |  | Remaining<br>After<br>Amendment | Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate |          |        |  |  |  |  |
|   | Total Claims   | 3                               | - 20 =                       |                                   | X.   |          |        |  |  |  |  |
|   | Independent<br>Claims  | 2                               | - 3 =                        |                                   | x    |          |        |  |  |  |  |
|   | Multiple Dependent Claims (check if applicable)  |                                 |                              |                                   |      |          |        |  |  |  |  |
|   | Other fee (please specify): Extension for response within first month                              |                                 |                              |                                   |      |          | 120.00 |  |  |  |  |
|   | TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:   |                                 |                              |                                   |      |          | 120.00 |  |  |  |  |
| Ī   | x Large Entity   | rge Entity Small Entity         |                              |                                   |      |          |        |  |  |  |  |
| Ī   | No additiona   |                                 |                              |                                   |      |          |        |  |  |  |  |
| [   | Please charge Deposit Account No. in the amount of \$  |                                 |                              |                                   |      |          |        |  |  |  |  |
| ·   | A duplicate copy of this sheet is enclosed.  |                                 |                              |                                   |      |          |        |  |  |  |  |
|   | A check in the amount of \$ to cover the filing fee is enclosed.                                   |                                 |                              |                                   |      |          |        |  |  |  |  |
|   | x Payment by   | credit card. Fo                 | orm PTO-2038                 | is attached.                      |      |          |        |  |  |  |  |
|   | The Director is hereby authorized to charge and credit Deposit Account No. 50-0591                 |                                 |                              |                                   |      |          |        |  |  |  |  |
| •   | as described below. A duplicate copy of this sheet is enclosed.                                    |                                 |                              |                                   |      |          |        |  |  |  |  |
|   | x Credit any overpayment.  |                                 |                              |                                   |      |          |        |  |  |  |  |
|   | x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. |                                 |                              |                                   |      |          |        |  |  |  |  |
|   | Dated: June 6, 2005  |                                 |                              |                                   |      |          |        |  |  |  |  |
| Johathan R. Osha Attorney Reg. No.: 33,986  |  |                                 |                              |                                   |      |          |        |  |  |  |  |
| OSHA · LIANG LLP  |  |                                 |                              |                                   |      |          |        |  |  |  |  |
|   | 1221 McKinney St., Suite 2800  |                                 |                              |                                   |      |          |        |  |  |  |  |
| Houston, Texas 77010<br>(713) 228-8600  |  |                                 |                              |                                   |      |          |        |  |  |  |  |
|   | (713) 220-0000   |                                 |                              |                                   |      |          |        |  |  |  |  |
|   |  |                                 |                              |                                   |      |          |        |  |  |  |  |
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV703273909US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. |  |                                 |                              |                                   |      |          |        |  |  |  |  |
|   | Dated: June 6, 2005 Signature Energal C. The Falder (Brenda C. McFadden)                           |                                 |                              |                                   |      |          |        |  |  |  |  |
|   |  |                                 |                              |                                   |      |          |        |  |  |  |  |

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| Effective on 12/08/2  | 004                    |                                   | Complete if Known                         |                      |                |  |  |  |  |  |  |  |
|---|------------------------|-----------------------------------|---|----------------------|----------------|--|--|--|--|--|--|--|
| Fees pursuant to the Consolidated Appropri  |                        | Application Nu                    | Application Number 10/634,158-Conf. #6330 |                      | nf. #6330      |  |  |  |  |  |  |  |
| FEE TRANSI  | MITTAL                 | Filing Date                       | Α   | August 5, 2003       |                |  |  |  |  |  |  |  |
|   |                        | First Named In                    | ventor K                                  | Kouichi Chikumoto    |                |  |  |  |  |  |  |  |
| For FY 20   | <u>U</u> 5             | Examiner Name                     | M   | M. S. Blouin         |                |  |  |  |  |  |  |  |
| Applicant claims small entity statu   | s. See 37 CFR 1.27     | Art Unit                          | 2   | 2653                 |                |  |  |  |  |  |  |  |
| TOTAL AMOUNT OF PAYMENT   | <b>(\$)</b> 120.00     | Attorney Docke                    | t No. 0                                   | 04995/114001         |                |  |  |  |  |  |  |  |
| METHOD OF PAYMENT (check all that apply)  |                        |                                   |   |                      |                |  |  |  |  |  |  |  |
| Check x Credit Card Money Order None Other (please identify):   |                        |                                   |   |                      |                |  |  |  |  |  |  |  |
| x Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha · Liang LLP  |                        |                                   |   |                      |                |  |  |  |  |  |  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |                        |                                   |   |                      |                |  |  |  |  |  |  |  |
| Charge fee(s) indicated below  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  |                        |                                   |   |                      |                |  |  |  |  |  |  |  |
| Charge any additional fee(s) or underpayment of Credit any overpayments   |                        |                                   |   |                      |                |  |  |  |  |  |  |  |
| FEE CALCULATION   |                        |                                   |   |                      |                |  |  |  |  |  |  |  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES   |                        |                                   |   |                      |                |  |  |  |  |  |  |  |
|   |                        | EARCH FEES                        | EXAMINA                                   | ATION FEES           |                |  |  |  |  |  |  |  |
| Analiantina Tura  | Small Entity           | Small Entity                      |   | Small Entity         | Face Daid (#)  |  |  |  |  |  |  |  |
| Application Type Fee (\$)   |                        |                                   | Fee (\$)                                  | Fee (\$)             | Fees Paid (\$) |  |  |  |  |  |  |  |
| Utility 300   | 150 50                 |                                   | 200                                       | 100                  |                |  |  |  |  |  |  |  |
| Design 200  |                        | 50                                | 130                                       | 65                   |                |  |  |  |  |  |  |  |
| Plant 200   | 100 30                 |                                   | 160                                       | 80                   |                |  |  |  |  |  |  |  |
| Reissue 300   | 150 50                 |                                   | 600                                       | 300                  |                |  |  |  |  |  |  |  |
| Provisional 200   | 100                    | 0 0                               | 0   | 0                    |                |  |  |  |  |  |  |  |
| 2. EXCESS CLAIM FEES  |                        |                                   |   |                      | Small Entity   |  |  |  |  |  |  |  |
| Fee Description   |                        |                                   |   |                      |                |  |  |  |  |  |  |  |
| Each claim over 20 (including Reissu  | •                      |                                   |   |                      | 50 25          |  |  |  |  |  |  |  |
| Each independent claim over 3 (inclu  | ding Keissues)         |                                   |   |                      | 200 100        |  |  |  |  |  |  |  |
| Multiple dependent claims   |                        |                                   |   |                      | 360 180        |  |  |  |  |  |  |  |
| Total Claims Extra Claims   |                        | e Pald (\$)                       | Multiple Dependent Claims                 |                      |                |  |  |  |  |  |  |  |
| 3 - 20 = x  | <u> </u>               |                                   | <u>Fee</u>                                | <u>(\$)</u> <u>F</u> | ee Paid (\$)   |  |  |  |  |  |  |  |
| 1.1. Okt  | F (A) F                | - D-:-(A)                         | -   |                      |                |  |  |  |  |  |  |  |
| Indep. Claims Extra Claims 2 -3 = ×   | <del></del>            | e Paid (\$)                       |   |                      |                |  |  |  |  |  |  |  |
|   |                        |                                   |   |                      |                |  |  |  |  |  |  |  |
| 3. APPLICATION SIZE FEE  If the specification and drawings ex   | ceed 100 sheets of nar | er (excluding elect               | tronically file                           | ed sequence or       | computer       |  |  |  |  |  |  |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 |                        |                                   |   |                      |                |  |  |  |  |  |  |  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).   |                        |                                   |   |                      |                |  |  |  |  |  |  |  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)   |                        |                                   |   |                      |                |  |  |  |  |  |  |  |
| - 100 = /50 (round up to a whole number) x =  |                        |                                   |   |                      |                |  |  |  |  |  |  |  |
| 4. OTHER FEE(S)  Fees Paid (\$)   |                        |                                   |   |                      |                |  |  |  |  |  |  |  |
| Non-English Specification, \$130 fee (no small entity discount)   |                        |                                   |   |                      |                |  |  |  |  |  |  |  |
| Other (e.g., late filing surcharge):  |                        | 120.00                            |   |                      |                |  |  |  |  |  |  |  |
| SUBMITTED BY  |                        |                                   |   |                      |                |  |  |  |  |  |  |  |
| Signature   | By                     | Registration No. (Attorney/Agent) | 33,986                                    | Telephone            | (713) 228-8600 |  |  |  |  |  |  |  |
| Name (Print/Type) Jenathan P. Osha  |                        |                                   |   | Date                 | June 6, 2005   |  |  |  |  |  |  |  |

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Dated: June 6, 2005

Signature Brenda C. McFadden)



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Dated: June 6, 2005

gnature Orenda C. McFadden)

(Brenda C. McFadden)

Docket No.: 04995/114001

(PATENT)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Kouichi Chikumoto

Conf. No.: 6330

Application No.: 10/634,158

Art Unit: 2653

Filed: August 5, 2003

Examiner: M. S. Blouin

For: MAGNETIC RECORDING/REPRODUCING

**APPARATUS** 

## AMENDMENT UNDER 37 C.F.R. §1.111

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated February 4, 2005, please reconsider this application in view of the following.